Acute Care Opioid Treatment and Prescribing Recommendations:

A Summary of Best Practices

These recommendations are to be used as a clinical tool, but they do not replace clinician judgment.

Emergency Department (ED)

For patients presenting with acute exacerbation of chronic non-cancer pain

- Non-opioid therapies should be used as first line therapy.
- Lost or stolen prescriptions should not be replaced.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Consider care coordination and/or effective ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) with patients that have suspected risky opioid use or frequent ED visits.

For patients in methadone maintenance programs

- Replacement methadone should NOT be provided in the Emergency Department (ED).

For patients presenting with acute painful conditions

- Non-opioid therapies (e.g., acetaminophen, ketorolac) are encouraged as primary or adjunctive treatments.
- Non-pharmacologic therapies (e.g., ice, splinting) should be utilized.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing opioids, in compliance with Michigan law.
- Meperidine (Demerol) should not be used.

For patients discharged from the ED with an opioid prescription for acute pain

- Long-acting opioids (e.g., fentanyl, methadone, OxyContin) should NOT be prescribed.
- Short-acting opioids (e.g., hydrocodone, oxycodone) should be prescribed for no more than three-day courses.
- Do not prescribe opioids with benzodiazepines and other sedatives.
- Information should be provided about opioid side effects, overdose risks, potential for developing dependence or addiction, avoiding sharing and non-medical use, and safe storage and disposal.
- Consider offering a naloxone co-prescriptions to patients who may be at an increased risk for overdose, including those with a history or overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving a higher doses of opioids (e.g., >50 MME/day).

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